

## CHAPTER 6

# NEED FOR CONTRACEPTIVE SERVICES

A standard approach for assessing the potential demand for family planning services, other than analyzing contraceptive behaviors among women currently in formal or consensual unions, is to define the contraceptive needs of women in relation to their fecundity and stated reproductive preferences.

The total potential demand for contraception is generally defined as the sum of current contraceptive use (met need) and the additional contraceptive use that would be required for all women/couples who are not using but are at risk of unintended pregnancy (unmet need). Thus, the unmet need for contraception is an estimate of the gap between desired fertility and the contraceptive practices adopted to ensure that fertility preferences are met in a population. The conventional definition of *unmet need* includes women currently married or in consensual unions who are currently sexually active (within the past month), currently exposed to the risk of pregnancy (women who are not sexually active, currently pregnant women, and women in postpartum abstinence or amenorrhea are excluded), fecund (neither they nor their partners have any subfecundity conditions), not wanting to become pregnant (at the time of the interview), and not using any form of pregnancy prevention (Bongaarts J, 1991). In the reproductive health surveys (RHS) the conventional definition extended to all women, not just those in union. In the demographic health surveys (DHS), pregnant and postpartum (who are not yet menstruating) women whose pregnancies were unwanted or mistimed at the time of conception and who did not use any method at the time of pregnancy are also considered to have unmet need.

## 6.1 Potential Demand and Unmet Need for Family Planning Services

Both RHS and DHS surveys asked all women questions about their sexual, contraceptive, and reproductive behaviors and about their fertility preferences, thus allowing for an examination of contraceptive need among both married and unmarried respondents (Table 6.1.1). This approach, however, is less useful in countries with strong traditions of premarital sexual abstinence, such as Georgia and Azerbaijan. Generally, the level of unmet need is higher among married respondents, since they are more likely to be currently sexually active and have a higher risk of unintended pregnancy. Overall, levels of unmet need were greatest among married women in Georgia (24%), Turkmenistan (19%), and Ukraine (18%). The potential demand for contraception—defined as the sum of current contraceptive use (met need) and the

additional contraceptive use that would be required to eliminate the risk of unwanted or mistimed births (unmet need)—was also higher among married women than among all women, which includes those not currently married. The potential demand for any contraception among married women ranged from a high of 85% and 86% in the Russian areas surveyed and Ukraine to a low of 64%–65% in Georgia and Azerbaijan.

In addition to the unmet need for any contraception, the RHS surveys also calculate the unmet need for modern contraception—an indicator particularly useful in countries where the use of traditional, less effective methods is high. If the use of non-supplied methods (i.e., withdrawal, periodic abstinence) is high, the standard definition of unmet need masks the real need for more effective contraception because these methods tend to have much higher failure rates than the

**Table 6.1.1**  
Percent of Women with Unmet Need and Total Potential Demand for Contraception  
Among All Women and Currently Married Women of Reproductive Age\*  
Eastern Europe and Eurasia: A Comparative Report

Region and Country	All Women			Currently Married Women		
	Unmet Need <sup>†</sup>	Met Need	Potential Demand	Unmet Need <sup>†</sup>	Met Need	Potential Demand
<b><u>Eastern Europe</u></b>						
<i>Czech Rep., 1993</i>	10	59	69	15	69	84
<i>Moldova, 1997</i>	7	53	60	6	72	78
<i>Romania, 1999</i>	5	49	54	6	63	69
<i>Russia, 1999‡</i>	11	59	70	12	73	85
<i>Ukraine, 1999</i>	15	54	69	18	68	86
<b><u>Caucasus</u></b>						
<i>Armenia, 2000</i>	10	37	47	15	57	72
<i>Azerbaijan, 2001</i>	7	31	38	12	53	65
<i>Georgia, 1999</i>	15	24	39	24	40	64
<b><u>Central Asia</u></b>						
<i>Kazakhstan, 1999</i>	10	44	54	15	60	75
<i>Kyrgyz Rep., 1997</i>	9	42	51	14	58	72
<i>Turkmenistan, 2000</i>	12	34	46	19	52	71
<i>Uzbekistan, 1996</i>	10	39	49	15	55	70

\* Considered to be 15–44 years in RHS and 15–49 years in DHS survey.

† Women using folk methods or LAM were classified as having unmet need for contraception.

‡ Data for Russia pertain to three primarily urban areas as described in Chapter 2.

modern methods. For example, the 12-month failure rate among withdrawal users ranged from 17% in Georgia to 24% in Moldova, 26% in Romania, and 29% in Armenia compared to 2%–5% 12 month failure rates among IUD or pill users (data not shown). Though the unmet need for modern contraception carries the risk of overstating the unmet need in countries where traditional methods are used effectively and have low failure rates, it may be a better indicator for family planning program managers whose primary concern is to provide adequate coverage of supplied methods to their clients. Furthermore, the unmet need for modern methods may provide more accurate international comparisons, especially between countries of Western Europe, where the use of traditional methods is very low, and Eastern Europe and the former Soviet Union, where sometimes the use of traditional methods may account for most of the contraceptive prevalence. Among the countries in Eastern Europe and the Caucasus

region where population-based reproductive health or demographic health surveys have been recently conducted, Armenia and Azerbaijan have the highest unmet need for modern contraception (52%–53%), followed by Ukraine (47%) and Georgia (44%) (Table 6.1.2). Unmet needs for modern methods was lower in the Central Asian republics where modern contraceptive prevalence represents over 80% of the total contraceptive prevalence, and the IUD is the most prevalent method.

Some subgroups of married women exhibit much higher levels of unmet need for contraception than others (Tables 6.1.3 and 6.1.4). Generally, levels of unmet need, particularly levels of need for modern contraception, are higher among rural women than urban women and increase with the number of living children. Women with secondary education or lower levels of education have higher levels of unmet need than those with post-secondary education.

<b>Table 6.1.2</b> <b>Percent of Women with Unmet Need for Any Contraception</b> <b>and Unmet Need for Modern Contraception</b> <b>Among All Women and Currently Married Women of Reproductive Age*</b> <b>Eastern Europe and Eurasia: A Comparative Report</b>				
<b>Region and Country</b>	<b>All Women</b>		<b>Currently Married Women</b>	
	<b>Any Method</b>	<b>Modern Method</b>	<b>Any Method</b>	<b>Modern Method</b>
<b><u>Eastern Europe</u></b>				
<i>Czech Rep., 1993</i>	10	31	15	39
<i>Moldova, 1997</i>	7	23	6	29
<i>Romania, 1999</i>	5	29	6	39
<i>Russia, 1999†</i>	11	28	12	33
<i>Ukraine, 1999</i>	15	37	18	47
<b><u>Caucasus</u></b>				
<i>Armenia, 2000</i>	10	34	15	52
<i>Azerbaijan, 2001</i>	7	31	12	53
<i>Georgia, 1999</i>	15	27	24	44
<b><u>Central Asia</u></b>				
<i>Kazakhstan, 1999</i>	10	16	14	22
<i>Kyrgyz Rep., 1997</i>	9	15	13	22
<i>Turkmenistan, 2000</i>	12	17	19	27
<i>Uzbekistan, 1996</i>	10	13	14	18

\* Considered to be 15–44 years in RHS and 15–49 years in DHS survey.

† Data for Russia pertain to three primarily urban areas as described in Chapter 2.

**Table 6.1.3**  
**Percent of Women with Unmet Need for Any Contraception by Characteristics**  
**Among Currently Married Women of Reproductive Age\***  
**Eastern Europe and Eurasia: A Comparative Report**

<b>Characteristic</b>	<b>Eastern Europe</b>					<b>Caucasus</b>			<b>Central Asia</b>			
	Czech Rep. 1993	Moldova 1997	Romania 1999	Russia 1999†	Ukraine 1999	Armenia 2000	Azerbaijan 2001	Georgia 1999	Kazakhstan 1999	Kyrgyz Rep. 1997	Turkmenistan 2000	Uzbekistan 1996
<b>Total</b>	15	6	6	12	18	15	12	24	15	13	19	14
<b>Residence</b>												
Urban	13	6	5	†	20	15	16	22	13	12	17	14
Rural	18	6	6	†	17	15	6	26	16	14	22	14
<b>Age</b>												
15–19	23	9	11	16	24	28	5	9	28	12	30	16
20–24	15	8	6	12	17	22	9	23	21	15	34	18
25–29	10	6	5	10	16	17	8	25	17	10	25	15
30–34	12	5	6	9	18	15	11	25	15	10	19	12
35–39	16	5	5	13	15	14	13	26	12	10	14	10
40–44	18	7	5	13	21	14	16	23	14	19	11	15
45–49	‡	‡	‡	‡	‡	10	‡	‡	8	22	9	13
<b>No. of Living Children</b>												
0	10	5	4	10	10	6	5	3	9	3	10	5
1	13	7	5	12	19	21	9	17	13	12	31	17
2	16	5	5	11	17	14	12	27	16	13	20	16
3+	14	7	9	17	24	16	14	31	15	15	16	14
<b>Education Level</b>												
Secondary Incomplete	19	8	7	22	26	18	10	28	19	19	21	13
Secondary Complete	9	6	5	15	21	16	12	27	17	13	20	15
Technicum	§	6	§	11	17	15	12	24	14	13	18	14
Postsecondary	9	4	3	6	11	13	11	18	11	11	14	12

\* Considered to be 15–44 years in RHS and 15–49 years in DHS survey.

† Data for Russia pertain to three primarily urban areas as described in Chapter 2.

‡ Not applicable.

§ Technicum, specific to former Soviet Union countries, does not exist in the Czech Republic or Romania.

<b>Table 6.1.4</b> <b>Percent of Women with Unmet Need for Modern Contraception by Characteristics</b> <b>Among Currently Married Women of Reproductive Age*</b> <b>Eastern Europe and Eurasia: A Comparative Report</b>												
<b>Characteristic</b>	<b>Eastern Europe</b>					<b>Caucasus</b>			<b>Central Asia</b>			
	Czech Rep. 1993	Moldova 1997	Romania 1999	Russia 1999†	Ukraine 1999	Armenia 2000	Azerbaijan 2001	Georgia 1999	Kazakhstan 1999	Kyrgyz Rep. 1997	Turkmenistan 2000	Uzbekistan 1996
<b>Total</b>	39	29	39	33	47	52	53	44	22	22	27	18
<b>Residence</b>												
Urban	38	24	35	†	44	48	53	41	21	22	25	19
Rural	40	34	46	†	56	57	54	47	24	23	29	17
<b>Age</b>												
15–19	47	30	42	37	44	36	17	14	36	20	34	17
20–24	40	31	40	30	46	55	42	37	30	23	38	21
25–29	33	27	36	28	45	17	49	44	23	20	30	17
30–34	39	25	40	29	47	55	58	47	21	20	27	17
35–39	41	30	41	34	46	55	60	53	21	19	24	14
40–44	40	32	40	39	52	59	58	42	22	30	22	21
45–49	‡	‡	‡	‡	‡	49	‡	‡	14	29	16	17
<b>No. of Living Children</b>												
0	23	13	17	22	22	8	7	3	13	5	10	6
1	38	26	40	32	46	44	40	31	23	22	45	21
2	42	31	44	36	52	54	58	52	23	25	27	19
3+	37	37	47	39	60	58	65	54	20	25	21	19
<b>Education Level</b>												
Secondary Incomplete	44	34	44	41	54	53	50	45	27	29	27	16
Secondary Complete	33	31	38	35	50	55	55	47	22	24	27	19
Technicum	§	24	§	33	48	54	57	46	23	21	27	17
Postsecondary	35	26	23	27	41	40	46	38	20	22	28	16

\* Considered to be 15–44 years in RHS and 15–49 years in DHS survey.

† Data for Russia pertain to three primarily urban areas as described in Chapter 2.

‡ Not applicable.

§ Technicum, specific to former Soviet Union countries, does not exist in the Czech Republic or Romania.

## 6.2 Unmet Need for Family Planning Services According to Fertility Preferences

The extent to which women and men are able to reconcile their contraceptive practices with their reproductive intentions is a crucial measure of success of a family planning program. Knowledge of reproductive intentions is essential for helping couples to choose the right contraceptive method that will allow them to control if and when to have children. Despite substantial differences in fertility between the European, Caucasus, and Central Asian countries examined, rates of childbearing have fallen substantially in all places and reproductive intentions, especially for couples with two or more children, are surprisingly similar (Table 6.2.1). The preference among women in all the countries for small families is reflected not only in low fertility and high abortion rates (as shown in the previous chapters), but also in the stated desires for additional children. Although strongly influenced by different social norms, cultural values, and economic circumstances, reproductive intentions in these countries

show a similar pattern. Among fecund women in union, between 50% and 77% want no more children. Desire to limit fertility is generally higher in Eastern European and Caucasus countries than in Central Asian countries. Regardless of the region, the desire for additional children decreases rapidly with the number of living children. By the time women have two children (three children in Central Asia), the majority of women are ready to terminate childbearing. In Eastern Europe and the Caucasus region, over 80% of women with two or more children (over 90% in Romania and the Russian areas surveyed) report they want no more children. In Central Asia most women with three or more children report they want to terminate fertility.

Such low levels of desired childbearing, especially with limited availability of effective long-term contraception and typically an early start (and finish) of childbearing, enhances the probability of unintended pregnancies and subsequent abortion. Public health officials and health care providers should always consider fertility preferences in their efforts to help couples satisfy their contraceptive needs.

**Table 6.2.1**  
**Percent of Currently Married Fecund Women of Reproductive Age\***  
**Who Do Not Want A(nother) Child in the Future†**  
**by Number of Living Children**  
**Eastern Europe and Eurasia: A Comparative Report**

	Eastern Europe					Caucasus			Central Asia			
	Czech Rep.	Moldova	Romania	Russia	Ukraine	Armenia	Azerbaijan	Georgia	Kazakhstan	Kyrgyz Rep.	Turkmenistan	Uzbekistan
	1993	1997	1999	1999‡	1999	2000	2001	1999	1999	1997	2000	1996
<b>Total</b>	71	61	69	65	65	77	74	65	61	50	58	52
<b>No. of Living Children§</b>												
0	6	5	5	14	12	5	3	1	5	3	5	3
1	28	25	53	50	47	23	23	18	27	12	12	10
2	86	82	93	91	90	80	81	78	68	35	45	38
3	95	92	94	94	90	95	95	92	78	52	67	60
4+	89	91	93	90	70	98	97	90	87	86	92	84

\* Considered to be 15–44 years in RHS and 15–49 years in DHS survey.

† Includes contraceptively sterilized women in numerator and denominator.

‡ Data for Russia pertain to three primarily urban areas as described in Chapter 2.

§ Includes current pregnancy.

Based on their stated reproductive intentions, respondents with unmet need for contraception (non-users of any contraception or non-users of modern contraception) could be further classified as having an unmet need for spacing or for limiting births. Those who do not want to get pregnant right away but want to have children sometime in the future (including those undecided whether to have children or not), could be classified as having unmet need for *spacing* births. Respondents who do not want a(nother) child in the future but were not doing anything to prevent pregnancy (or were using less effective methods) could be classified as having an unmet need for *limiting* births (Table 6.2.2). Generally, unmet need for limiting is higher than unmet need for spacing, regardless of the definition employed and the region studied. Among women currently in union in this

region, the unmet need for limiting is two to three times higher than the unmet need for spacing, concordant with the low ideal family size and future reproductive intentions. As a result, of the total unmet need, the percentage of unmet need for limiting ranges from 58% to 81% in Eastern Europe and from 73% to 84% in the Caucasus region. Only in Turkmenistan and Uzbekistan does the unmet need for limiting births not exceed the unmet need for spacing (Figure 6.2). By contrast, owing to the low use of long-term and permanent contraceptive methods, the need for limiting is less likely to be satisfied than the need for spacing in the majority of these countries.

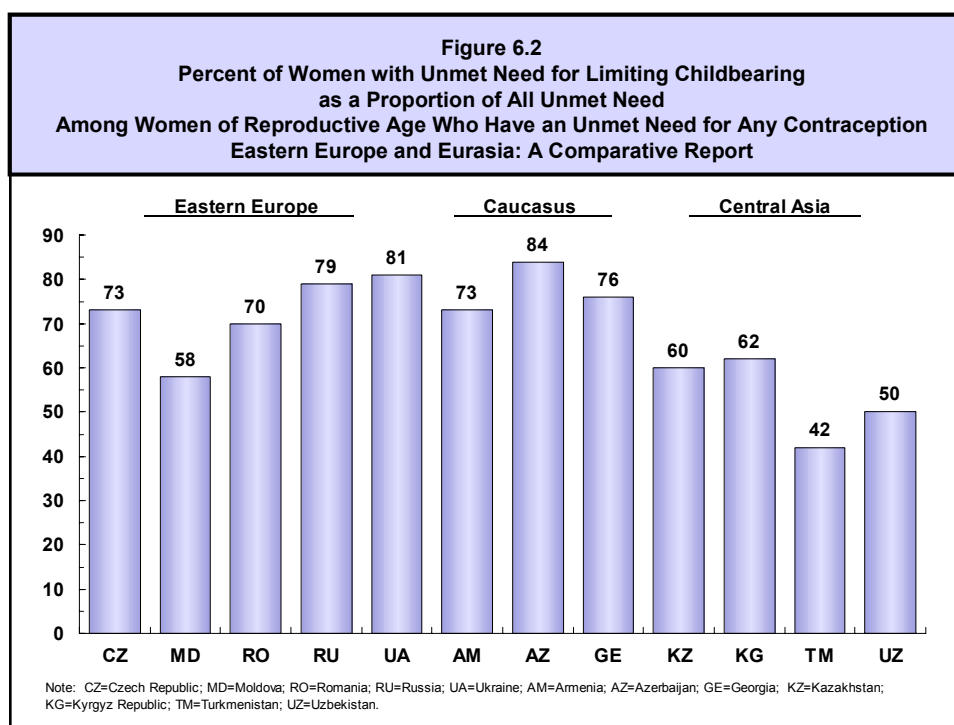
The distinction between potential demand for spacing and limiting has important programmatic implications for family planning services and programs that aim at increasing

<b>Table 6.2.2</b> <b>Percent of Women with Unmet Need for Contraception by Future Fertility Preferences</b> <b>Among Currently Married Women of Reproductive Age*</b> <b>Eastern Europe and Eurasia: A Comparative Report</b>								
<b>Region and Country</b>	<b>Unmet Need for Any Contraception<sup>†</sup></b>			<b>Unmet Need for Modern Contraception</b>			<b>% Unmet Need for Limiting</b>	
	<b>Total</b>	<b>For Spacing</b>	<b>For Limiting</b>	<b>Total</b>	<b>For Spacing</b>	<b>For Limiting</b>	<b>Any Method</b>	<b>Modern Method</b>
<b><u>Eastern Europe</u></b>								
Czech Rep., 1993	15	4	11	39	12	27	73	69
Moldova, 1997	6	3	3	29	9	20	58	68
Romania, 1999	6	2	4	39	9	30	70	76
Russia, 1999‡	12	2	9	33	7	26	79	78
Ukraine, 1999	18	3	14	47	8	39	81	83
<b><u>Caucasus</u></b>								
Armenia, 2000	15	4	11	52	10	42	73	81
Azerbaijan, 2001	12	2	10	53	8	45	84	85
Georgia, 1999	24	6	18	44	10	34	76	78
<b><u>Central Asia</u></b>								
Kazakhstan, 1999	15	6	9	22	9	13	60	59
Kyrgyz Rep., 1997	13	5	8	22	9	13	62	59
Turkmenistan, 2000	19	11	8	27	14	13	42	48
Uzbekistan, 1996	14	7	7	18	8	10	50	56

\* Considered to be 15–44 years in RHS and 15–49 years in DHS survey.

† Women using folk methods or LAM were classified as having unmet need for contraception.

‡ Data for Russia pertain to three primarily urban areas as described in Chapter 2.



contraceptive use. One reason is the different array of methods required by couples who need contraception for spacing (temporary methods) compared with those who need contraception for limiting births (long-term or permanent methods). Another reason is their different demographic characteristics: spacers tended to be younger, childless or with one child, and better educated than limiters, who are typically 30 years of age and older with two or more children (data not shown). Finally, the motivation for not using contraception is different between potential spacers and potential limiters. For example, among women with unmet need for spacing in Romania, the main reason for not using contraception was their intention to get pregnant at some point in the future whereas among women with unmet need for limiting births, the major barrier to contraceptive use was the belief that they were not at risk of getting pregnant (data not shown).

### 6.3 Summary of Findings on Unmet Need

As stated in many family planning program evaluations, the concept of potential demand defines the “market” for contraceptive use. It recognizes not only that family planning providers in the public and private sector must serve current users of contraception but also the non-users who want to prevent unintended pregnancy and would use contraception if it were more available or better promoted or if other barriers to use were removed (Robey B et al, 1992).

Some highlights from this chapter may be summarized as follows:

- ◆ In the countries reported on in this chapter, unmet need ranged from 6% (Moldova and Romania) to 24% (Georgia) of currently married woman and from 5% (Romania) to 15% (Georgia and Ukraine) of all women.



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- ◆ If unmet need is extended to include users of traditional methods, 18% to 53% of currently married women are classified at risk of an unintended pregnancy because they do not use modern contraception. Unmet need for modern contraception is highest in the Caucasus region, ranging from 44% to 53% followed by Eastern Europe (29%–47%) and is lowest in the Central Asian republics (18%–26%).
  - ◆ Unmet need is generally higher in rural areas, and in Eastern Europe and the Caucasus, increases as the number of living children increase. In Eastern Europe, unmet need is inversely related to education; in the Caucasus, unmet need is lower for women with postsecondary education; there is no significant relationship in the Central Asian republics.
  - ◆ There appears to be a west to east continuum in the percentage of fecund women who want no more children. In Eastern Europe, at least 82% of women with two or more children want no more children; at least 65% in the Caucasus and Kazakhstan and from 35% to 45% in the remainder of central Asia.
  - ◆ Given the high proportions of women with two or more children who do not want another child in the future, it is no surprise that, with the exception of Turkmenistan and Uzbekistan, the majority of women with unmet need want to limit their childbearing. In Eastern Europe, of the total unmet need the percentage of unmet need for limiting ranges from 58% to 81%; in the Caucasus the range is from 73% to 84%; and in Kazakhstan and Kyrgyz Republic, the result is similar (60%–62%).

